

Kentucky Department of Agriculture Organic Program

Applicant _____ Farm Name _____

Mailing Address _____

Phone # _____ Fax# _____

E-mail _____

FEE SCHEDULE

For Kentucky Residents:

Areas of Organic Certification: Organic Crop, Organic Livestock, Organic Processing and Handling.
Write in amount you owe in all applicable categories.

I. Organic Crop Production Fees:

- _____ • Certification Fee: (Non-refundable) **\$125**
- _____ • Inspection Fee: (Free)

II. Organic Livestock Fees:

- _____ • Certification Fee: (Non-refundable) **\$125**
- _____ • Inspection Fee: (Free)

III. Organic Handler/Processor Fees:

- _____ • Certification Fee: (Non-refundable) **\$125**
- _____ • Additional Fee: **\$100 for every \$100,000 in gross receipts**
- _____ • Inspection Fee: (Free)

IV. Organic Exempt and Excluded Operation Fees:

- _____ • Registration Fee: **\$25**

For Organic Producers who are not Kentucky Residents:

You must sell, process, or handle the organic products in Kentucky; Your state of residence must not have a certification program,

I. Organic Crop Production Fees:

- _____ • Certification Fee: (Non-refundable) **\$250**
- _____ • Inspection Fee: (Mileage and expenses at KDA rate)

II. Organic Livestock Fees:

- _____ • Certification Fee: (Non-refundable) **\$250**
- _____ • Inspection Fee: (Mileage and expenses at KDA rate)

III. Organic Handler/Processor Fees:

- _____ • Certification Fee: (Non-refundable) **\$250**
- _____ • Additional Fee: **\$100 for every \$100,000 in gross receipts**
- _____ • Inspection Fee: (Mileage and expenses at KDA rate)

IV. Miscellaneous Fees:

- _____ • Postage and handling of unsigned or incomplete applications....Actual cost
- _____ • Copies of official documents.....Greater of \$5 or \$0.25/page
- _____ • Out of state travel.....Mileage and expenses at KDA rate.

_____ Total

Make checks payable to: Kentucky State Treasurer. Payment is due upon receipt of certification.

Signature of Owner/Manager _____ Date _____

Subscribe and sworn to before me this _____ day of _____.

Notary Public _____

My Commission Expires _____